

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		2	1/23/01
<b>FORMALITY REVIEW</b>	lt	907	2-1-0)
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/22/01
2	✓	✓	1/22/01
3	✓	✓	1/22/01
4	✓	✓	1/22/01
5	✓	✓	1/22/01
6	✓	✓	1/22/01
7	✓	✓	1/22/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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